

Plaque Progression in Asymptomatic Carotid Stenosis (ACS) Patients on Best Medical Therapy (BMT): Does it Mandate Invasive Therapy or Continued BMT

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I have the following potential conflicts of interest to report:

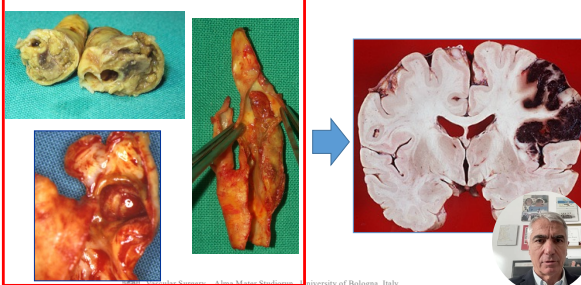
- Receipt of grants/research support
- Receipt of honoraria and travel support
- Participation in a company sponsored speakers' bureau
- Employment in industry
- Shareholder in a healthcare company
- Owner of a healthcare company
- Proctorship

I do not have any potential conflict of interest


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Plaque Progression to Stroke



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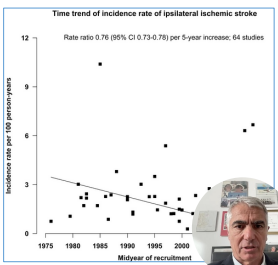


Asymptomatic Carotid Stenosis


Temporal Trends and Determinants of Stroke Risk in Patients With Medically Treated Asymptomatic Carotid Stenosis

Michel H.F. Poortmans, MD, PhD, Yoel Salomon, MD, Renier A.R. Herings, BS, Frank L.J. Visseren, MD, PhD, L. Jaap Kappelle, MD, PhD, Michel L. Bots, MD, PhD, Ima Rossum, MD, PhD, and Geert J. de Borst, MD, PhD

Stroke 2023



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Asymptomatic Carotid Stenosis

Revascularization

2011 ASA/ACC/AHA/AANN/AANS/ACR/ASNR/CNS/SAP/SCAI/SIR/SNIS/SVM/SVS Guideline on the Management of Patients With Extracranial Carotid and Vertebral Artery Disease

Who Benefits Most from Intervention for Asymptomatic Carotid Stenosis: Patients or Professionals?

A.U. Nunez, S. El-Fa Ganes, F.M. Rothwell

The fate of asymptomatic severe carotid stenosis in the era of best medical therapy

Rodolfo Pui, Gianluca Faggioli, Andrea Vacinia, Laura Maria Corleone, Enrico Gallozzi, Mauro Cangialini, and Andrea Spola

Best medical treatment alone may not be adequate for all patients with asymptomatic carotid artery stenosis

Koornagel, P. Parashankar, MD, PhD; Frank Z. Vahid, MD, FACSSM; and Jean-Baptiste Ricco, MD, PhD, FEBVSSM

An International, Multidisciplinary, Expert-Based Delphi Consensus Document on Controversial Issues in the Management of Patients With Asymptomatic and Symptomatic Carotid Stenosis

BMT

Published: 20 November 2022

Asymptomatic carotid artery stenosis—it's time to stop operating


Who Benefits Most from Intervention for Asymptomatic Carotid Stenosis: Patients or Professionals?

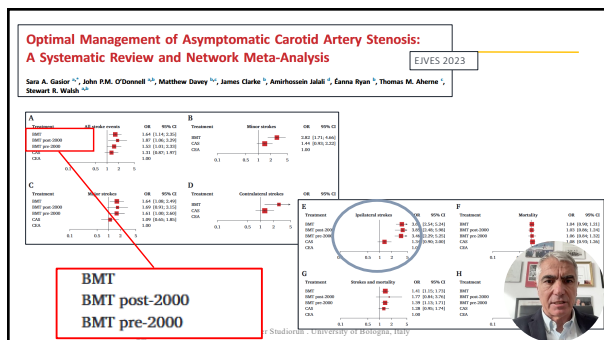
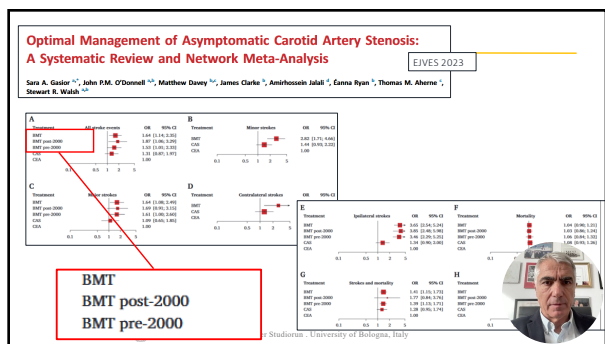
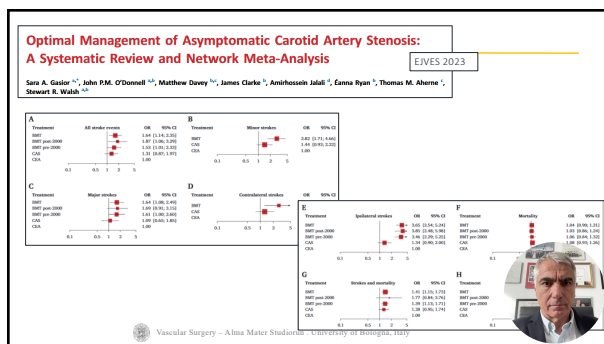
What should we do with asymptomatic carotid stenosis?

Medical (Nonsurgical) Intervention Alone Is Now Best for Prevention of Stroke Associated With Asymptomatic Severe Carotid Stenosis

Misconceptions regarding the adequacy of best intervention alone for asymptomatic carotid stenosis

University of Bologna, Italy





Cerebral Ischemic Events Ipsilateral to Carotid Artery Stenosis. The Carotid Asymptomatic Stenosis (CARAS) Observational Study: First Year Preliminary Results

Rodolfo Pini, MD, PhD, FEBVS, Gianluca Faggioli, MD, PhD, Cristina Rocchi, MD, Sara Fronterri, MD, Marcello Lodato, MD, Andrea Vacirca, MD, Enrico Gallitto, MD, PhD, FEBVS, and Mauro Gargiulo, MD, PhD

J Stroke Cerebrovasc Disease 2022

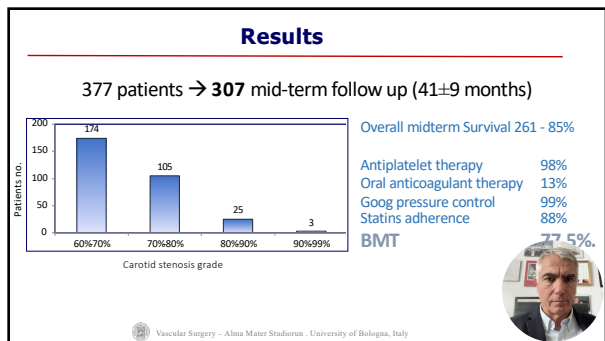
- ✓ To evaluate the risk of cerebral ischemic events in CARAS
- ✓ To assess possible predictors

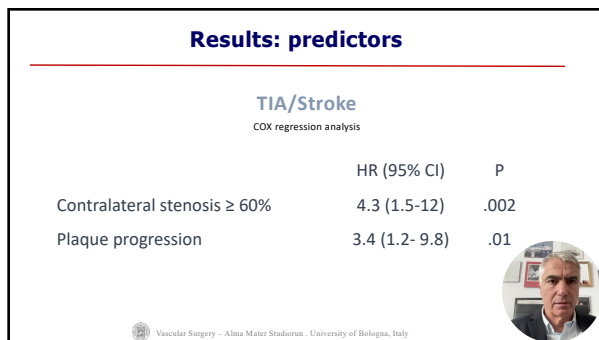
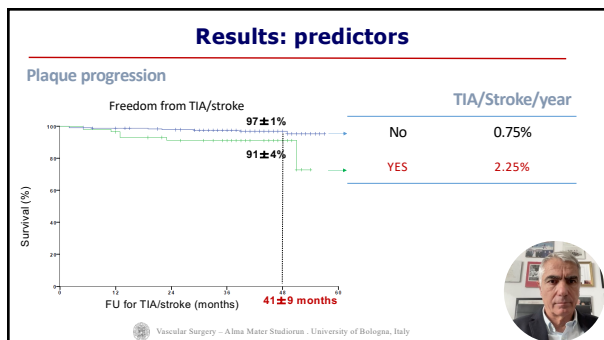
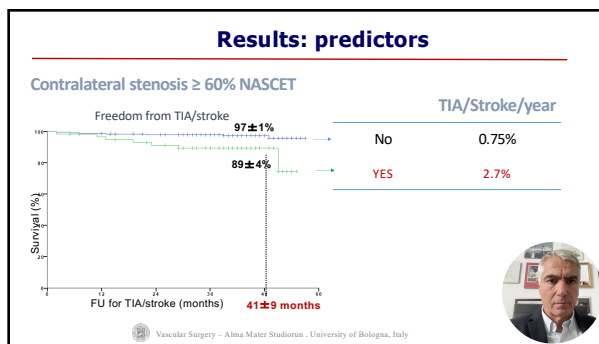
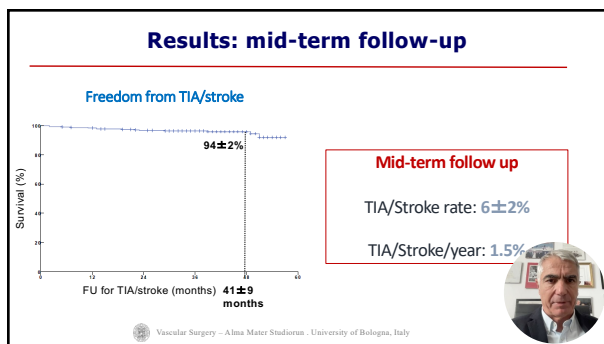
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Methods: study design

- ✓ Asymptomatic carotid stenosis $\geq 60\%$ NASCET (78% ECST)
- ✓ **Best Medical Therapy** : blood pressure control, statins, anti-platelet agent
- ✓ **Not undergoing CEA** (old age, general condition, refusal)
- ✓ Exclusion criteria: re-stenosis, occlusion/near, post-radiated neck

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Conclusions

- ✓ TIA/Stroke annual rate → 1.5%
- ✓ Best Medical Therapy is inadequate to prevent all neurological events
- ✓ Plaque progression and contralateral stenosis are the main predictors of cerebral ischemic events

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